**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2004 - JUNE 30, 2005**

1. **DEPARTMENT/COURT INFORMATION:**

   Department/Court: _____ HHSA _____

   Division/Unit: _____ AIS/Edgemoor _____

2. **VOLUNTEER PROGRAM BENEFITS:**

   a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol. 112	Hours 1598	x $17.55	= $ 28,044.90

   Types of work performed by GENERAL VOLUNTEERS in this category:

   Sewing, Games, activities and crafts, Resident birthdays, Perform church services

   b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol. 0	Hours 0	x $ 17.55	= 0

   Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

   c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position	Hours	x	VCL	=	Dollar Benefit
_____	_____	x	_____	=	$ 0

No. Vol 0	Total Hours 0	Total Value $ 0

   Types of work performed by SPECIALIZED VOLUNTEERS in this category:

   N/A

d.   TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volunteers	Hours	Dollar Benefit
2a: 112	1598	$ 28,044.90
2b:		$
2c:		$
TOTALS: 112	**1598**	**$ 28,044.90**

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated	Value	Item Donated	Value
Books	$ 4000.00		$ 0
	$		$

TOTAL VALUE $ 4000.00

4. VOLUNTEER PROGRAM COSTS:

a.   Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours _____ x Rate $_____ = $ 0

b.   Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours __30__ x Rate $ 35.00 = $1050.00

Hours __30_ x Rate $ 11.60 = $348.00

$ 1398.00

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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
Recognition, training materials	

TOTAL OF OTHER PROGRAM COSTS   = $_____100.00_____

d. TOTAL OF VOLUNTEER PROGRAM COST = $_____1498.00_____
(add 4a, 4b, and 4c)

5. **NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) $_____28,044.90

b. Total of Donations to Volunteer Program, Item 3 (Page 2) $_____4000.00

　　　　　　　ADD a + b $_____32044.900

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3)   ($_____1498.00)

TOTAL PROGRAM BENEFIT $_____30,546.90

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6. RECRUITING:

Please describe your recruiting programs:
AIS outreach and community functions.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Special Christmas party and gifts for residents. New library for residents. Implementation of Cyber Café for resident use.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Increase volunteer program. We would love to have 5 regular volunteers that assist with programs. Areas that would benefit are: increased computer skills

and Internet access for residents. More direct assistance with reading and

socialization in the day rooms through the use of volunteers will assist with increasing resident quality of life.

9. GENERAL INFORMATION:

Name of Person Completing Report:_____ Annette Lau _____

Phone Number:_619-956-2992_Mail Stop_S-552_ E-Mail Annette.Lau@sdcounty.ca.gov

Volunteer Coordinator:_____Same_____

Phone Number:_____ Mail Stop_____ E-Mail

10. DEPARTMENT CERTIFICATION:

_____
DEPARTMENT HEAD SIGNATURE   DATE

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